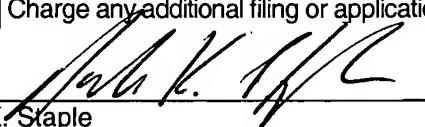
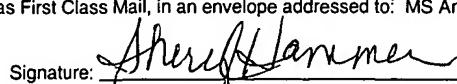




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|---|--|--|-----------------------------------|----------------------------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. UAB-17404/22 |
| Application No. 10/790,914-Conf. #1392 | Filing Date March 2, 2004 | Examiner V. L. Ford | Art Unit 1645 | |
| Applicant(s): Fengxia Qi et al. | | | | |
| Invention: MUTACIN I BIOSYNTHESIS GENES AND PROTEINS | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | |
| CLAIMS AS AMENDED | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |
| Total Claims | 20 | - 20 = | | X |
| Independent Claims | 2 | - 3 = | | X |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | |
| Other fee (please specify): Extension for response within first month 60.00 | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 60.00 | | | | |
| <input type="checkbox"/> Large Entity | | <input checked="" type="checkbox"/> Small Entity | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 07-1180 as described below. A duplicate copy of this sheet is enclosed. | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | |
|  Dated: December 4, 2006 | | | | |
| Julie K. Staple Attorney/Agent Reg. No.: 50,434 | | | | |
| GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021 (734) 913-9300 | | | | |
| <p>I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p>Dated: 12/15/06 Signature:  (Sheryl Hammer)</p> | | | | |